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CONFIRMATION NO. 6360

SERIAL NUMBER	FILING or 371(c) DATE RULE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/737,144		424	1613	DURE-050

APPLICANTS

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** CONTINUING DATA *****

This appln claims benefit of 60/433,116 12/13/2002
 and claims benefit of 60/517,464 11/04/2003

** FOREIGN APPLICATIONS *****

** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

03/25/2004

Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		CA	9	79	7
Verified and /BLESSING M FUBARA/ Acknowledged Examiner's Signature		Initials				

ADDRESS

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TITLE

Oral drug delivery system

FILING FEE RECEIVED 2826	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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